item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state E OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very tant. See instructions on back of certificate.

RECORD

PERMANENT

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UNFADING INK-

WRITE PLAINLY, WITH

N. B.—Every Item of CAUSE OF I

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Filed.

VIIIage or City Manual (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Pemale Calor or RACE SINGLE, MARRIED. WIOOWED, OR ON OR OFFI (Write the word)	16 DATE OF DEATH MAN (Month) (Day (Year)
Month) (Day Year)	17 I KEREBY CERTIFY, That I attended deceased from
7 AGE If LESS than 1 day,hrs. 1 day,hrs. 0	and that death occurred on the date stated above, at
OF SIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) & harles & md 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) & harles & had 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary (Buration) (Buration) (Signed) (Signed)
(Informant) George Better	Former or usual residence.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mme, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen chauged or given up on account of the DISEASE For many occupations a single word or term on the (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) ³Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

uant neoplasms); Mcasles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as mia," "Tuerveral peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Seuile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-: mple: Measles affection need not be stated unless important. ralvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association. cause of death approved by Committee on Nomencla-"Coutributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) is less defiuite; avoid use of "Tumor" for maligtetanus) may be stated under the head (Recommendations on statement of (disease causing death), 29 ds.; For VIO-



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1 PLACE OF	DEATH
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Village or City	Most Repy (No.
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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 104

.St.;.....Ward)

[It death occurred in a hospital or Institution,

ADDRESS

FULL NAME Mrs. Mancy /	Boadley give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Junuale Black (Write the word)	(Month) (Day (Year)
DATE OF BIRTH 7	4- /7 - 1911 to 3 - / 1913
(Month) (Day (Year)	that I last saw h alive on 2 - 43 ,1915.
26 It LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Duration) yrs 12 mos. ds. Contributory Arguly (4-17-1911) Secondary (Duration) Ryrs 1/mos. ds.
11 BIRTHPLACE OF FATHER (State or country)	(Signed) Address, M. D. 2-2 ,1915 (Address) Address (No. 1) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TAUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Mr Welona, Co mel	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

[Approved by U. S. Consus and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At schoot or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day taborer, Farm taborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Greecery; (a) Foreman, (b) Automobite factory. it should be used only when needed. additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer. applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Satesman, first line will be sufficient, e. g., Farmer or Ptanter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (7)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinat fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of tungs, meninges, peritonacum, etc., Carcin-

scpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," thenla," "Anaemia" (merely symptomatic), "Atrophy." valvular heart disease; Chronic interstitiat nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile." etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. ture of the American Medical Association.) by carbotic acid-probably suicide. The nature of the Accidentat drowning; Struck by raitway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never repor



S. No. 1.

N. B.-

RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 141

Village or City/harbring (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male It to (Write the word)	16 DATE OF DEATH HANCH 19 th (Year)
6 DATE OF BIRTH (Month) (Day (Year)	that I last saw h. sarralive on harch 18 th, 1915.
TAGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 130 Q/m, The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Contributory Cart Farly
(State or country) farming low f. 6 10 NAME OF FATHER Albert of Boure 11 BIRTHPLACE OF FATHER (State or country) Charles Co. Ind 12 MAIDEN NAME	(Signed) (Duration) yrs mos ds. (Signed) (Address) Address or, in deaths from Violent Causes, state (1) Means of Injuny; and (2) whether Accidental, Suicidal, or Homicidal.
of MOTHER Colore 6. Jood. 13 BIRTHPLACE OF MOTHER (State or country) harles by Mid. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Cheet H. Baurie	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds. Where was disease cootracted, If not at place of death? Former or usual residence.
(Address) 12.5 J.	19 PLACE OF BURIAL OR REMOVAL Pogah Me Manth 2.4., 191. 5. 20 UNDERTAKER ADDRESS Lak Casheeller Large & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, uot who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never returu "Laborer," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-(b) Cotton mill; (a) Salcsman, Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the misease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or mlscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustlon," "Collapse," "Coma," "Courulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for



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PLACE OF DEATH PHYSICIANS should state of OCCUPATION is year County 2FULL NAME Exact statement PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE S SINGLE. WIDOWED NO ORDIVORCED (Write the word) DATE OF BIRTH properly classified. (Month) 7 AGE BOCCUPATION (a) Trade, profession, or particular kind of work. DEATH in plain terms, so that it may be jee instructions on back of certificate (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country THE ABOVE IS See Important. (Address)



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.Ward)

Fif death occurred in a hospital or lostitution, give Its NAME Instead of sfreef and nomber.]

AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Black Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Mch (Month) (Day (Year)
Month) (Day (Year) 8 yrs 2 mos 9 ds OR min.?	that I last saw h alive on make 7, 1915, to make 7, 1915, that I last saw h alive on make 7, 1915 and that death occurred on the date stated above, at 12.25 Pim, The CAUSE OF DEATH* was as follows: Cere grad apople of the population of the cause of th
James M. Edams antry) Charles Cv. Mel.	(Signed) (Duration) yrs mos ds. (Signed) (Doration) yrs mos ds. (Signed) (Bicknell M.D. Meller, 191 (Address) Pingale Mel. *State the Disease Causing Death, of, in deaths from Violent
me Mary Mary Merry) Overles (b. Mel UE TO THE BEST OF MY KNOWLEDGE 2. HBrown	CAUSES, STATE (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place In the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, If not at place of death?————————————————————————————————————
Pingfall Md' 931 19W That the Sand The REGISTRAR If more blanks are needed address State Registrar	19 PLACE OF BURIAL OR REMOVAL Smuth Color fifted 20 UNDERTAKER March 1915 ADDRESS March 1915 ADDRESS ACCOLOR OF BURIAL ACCOLO

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekcepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer "Mauager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. been changed or given up ou account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid disease). Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal scptichacete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Idanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcasics affection need not be stated unless important. nalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-Bronchopneumonia (secondary), 10 ds. Never report The contributory (seeondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (disease eausing death), 29 ds.; For vio-



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred is (No ... Ward) a hospital or institution. give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. 1915-WIDOWED. (Month) (Day (Year) ORDIVORCED (Write the word) attended deceased from (Month) (Day TAGE It LESS than and that death occurred on the date stated above, at t day,hrs. OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, ma business, or establishment in which employed (or employer) 9 BIRTHPLACE Contributory (State or country) Secondary (Goration) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or; in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL, 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country In the of death _____ yrs. __ State Where was diseasa contracted If not at place of death?. Former or usual residence DATE OF BURIAL (Address) 15 ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Consus and American Public Health Association.]

who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," cugincer, (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Pueereral peritonitis," etc. State cause for childbirth or miscarriage as "Puerreral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report : ffection need not be stated unless important. ralvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.;



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PHYSICIANS should state of OCCUPATION is very be stated EXACTLY. flied. Exact statement PERMANENT of information should be carefully supplied. AGE should be si DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. 4 UNFADING INK-THIS IS AGE PLAINLY, WITH Every Item of Information CAUSE OF DEATH In pial WRITE Important. 1 PLACE OF DEATH

Charles

3614

STATE OF MARYLAND CERTIFICATE OF DEATH

A B A .	Registration Dist. No.
	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Size 26, 1915- (Month) (Day (Year)
DATE OF BIRTH Such 26, 1915— (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
OCCUPATION (a) Trade, profession, or particular kind of work	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Include	Contributory Secondary 21.1 Physician (Duration) yrs mos ds.
10 NAME OF FATHER Some Butter 11 BIRTHPLACE OF FATHER (State or country) Char College 12 Maiden NAME OF OF MOTHER OF	(Signed) A attity , M. D. Melu 27, 1915 (Address) A D Lattic State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
OF MOTHER Mary Buller 13 BIRTHPLACE OF MOTHER (State or country) Place Co Ind	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds
(Informant) Sutter	Where was disease contracted, If not at place of death? Former or usual residence
Filed Dich 27 1915 Aditoryn J. C. 2	Between Curing Ground Med 2, 1915.
/ For Paul REGISTRAR	Richard Butter Brokenskin

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day taborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; applies to each and every person, irrespective of age. who have no occupation whatever, write None. who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, (b) the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Ptanter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name accepted term for the same disease. Examples: Corchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid dise of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pheumonia; Bronchopheumonia ("Pnenmonia," unghalified, is indefinite): Tubercutsis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," childbirth or misearriage as "Puerperal schiichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." schsis, tctanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Measles "Senile," may be stated under the head of (Recommendations on statement of (disease cansing death), 29 ds.; terminal conditions, such as "Asetc.), "Dropsy," etc. State cause for "Exhaustion," For VIO-



1 PLACE OF DEATH

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	illage or Gi y Bry autorin (No. (No.	Registered No. [If deal a hospitel give its N
	2 FULL NAME Fricing agmin	of street of
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	Finale Colored (Write the word)	(Month) (Day) 17 — I HEREBY CERTIFY, That I attended dece
6 D	ATE OF BIRTH	fele 14, 1915, to mar 10
7 A	GE (Month) (Day) (Year) It LESS than 1 day,hrs. 2 8 yrs. 7 mos. / ds. ORmin.?	and that death occurred on the date stated above, at
par (b)	1) Frade, profession, or ticular kind of work Thomas Thoma	(Duration) / yrsmo
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STATE OF MARYLAND

[Approved by U. S. Census and American Fublic Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day luborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of ill-Serrunt, Cook, Housemaid, etc. If the occupation has Housewife, Housework, who receive a definite salary), may be entered as mine, etc. "Manager." "Dealer." etc., without more precise speclmaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Matement, Nover return "Laborer," "Foreman," Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the or At Home, and children, not Farmer or Planter, As examples (6)

Statement of cause of death—Name, first, the dibease causino death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic ceretrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid meningitis"); Lobar preumonia; Bronchopneumonia ("Incumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, If impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the thenla," "Anaemia" (mcreiy symptomatle), "Atrophy," ample: Measles (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) scpsis, tetanus) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocause. Always qualify all diseases resulting from "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma. Sarcoma. etc., of Bronchopncumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory "Old Age," "Shock," "Uraemia," "Weakness," "Senlle," etc.), may be stated under the head (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-Never report Examples:



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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. BEvery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be proporty elastical Exact statement of OCCUPATION is very	
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PLACE OF DEATH	1		36.20	STAT
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E OF MARYLAND

County Ranges	CERTIFICATE OF DEATH
County	Registration Dist. No. 10.3
Village or City Comunication (No	St.; Ward) [It death occurred a hospital or Institution give its NAME instead of street and number.]
² FULL NAME (C)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEO, OR DIVORCE (Write thus work)	(Month) (Day) (Year)
B DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased Iron
(Month) (Day) (Year)	that I last saw h allve on, 191
7 AGE If LESS than	and that death occurred on the date stated above, atm
O yrs. O mos. O ds. ORmin.?	The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work	JAMANUE JAMAN
(b) General nature of Industry, business, or establishment in which employed (or employer)	Still-Somme (Duration) yrs mos ds
9 BIRTHPLACE (State or country)	Contributory (Secondary) (Danton) yrs. mos. ds
10 NAME OF FATHER THE COLUMN THE STATE OF TH	(Signet) Sancio To Care Cons. M. D
11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN
of Mother docuse Kerhan	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs, mos ds. State yrs, mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Intermant)	Former or usual residence.
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 1 9811-81-1	, 191
Filed 3/13 1915 L. S. Herbert REGISTRAR	20 UNDERTAKER ADDRESS

iApproved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not pald Housekeepers minc, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. applies to each and every person, irrespective of age who have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Groecry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But lu many first line will be sufficient, e. g., tion is very important, so that the relative _ealthful-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Never return "Laborer," Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causino death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (uever report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubereutosis of lungs, meninges, perilonaeum, etc... Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla. scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition." "Maras gcnital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy." ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. uant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maily "Contributory." Accidental drowning; Struck by railway train-aectmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary). 10 ds. valvular heart disease; Chronic interstitial nephritis oma. Surcoma. etc., of The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never report Examples:



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PLACE OF DEATH

363 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No. 10	2
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St.: -Ward)

Ilf death occurred is a hospifal or institution. give its NAME lostead of street and nomber.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 5 5	A COLOR OR RAGE 5 SINGLE, MARRIED, WIDDWED, ORDIVORGED (Write the word)	16 DATE OF DEATH War 12 , 1915 (Month) (Day (Year)		
8 D/	DATE OF BIRTH	17 I hEREBY CERTIFY, That I attended deceased fr		
7 AC	(Month) (Year) GE If LESS than t day, hrs.	and that death occurred on the date stated above, at		
(a) par (b)	yrsds. OR ds. OR ds. OR	The CAUSE OF DEATH* was as follows:		
which employed (or employer) BIRTHPLACE (State or country)		Contributory Secondary (Duration) yrs. mos.		
TS	10 NAME OF FATHER Purply Tolor	(Signed) (Buration) yrs mos d (Signed) VIII (Address) Donald (S. M.)		
ARENI	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violen Causes, state (1) Means of Injury; and (2) whether Acciden Tal, Suicidal, or Homicidal.		
Д	13 BIRTHPLACE OF MOTHER (State or country) Labous Pr Ind	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. d		
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?		

T.REGISTRAR

Former or

usual residence

OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated this: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an who have no occupation whatever, write Nonc. causing neath, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when necded. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never rcturn "Laborer," As examples: "Foreman," cugineer, (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Lyphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Brouchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) mia," "l'uerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatie), "Atrophy," ralvular heart disease; Chronic interstitial nephritis, eause of death approved by Committee on Nomenela-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Deblity" ("Conmere symptoms or terminal conditions, such as "As-Bronchopmenmonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Exhaustion," For Vio-



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PHYSICIANS should state of OCCUPATION is very RECORD Exact statement PERMANENT stated EXACTLY. classified. 4 pluode UNFADING INK-THIS properly AGE carefully supplied. certificate. DEATH in plain terms, so See instructions on back of WRITE PLAINLY, WITH of information should DEATH in plain terms CAUSE OF Important. Item

1 PLACE OF DEATH

STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No. Lif death occurred in

FULL NAME	St.; Ward) a hospital or institution give its NAME insiea of street and number.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Aemale Lord (Single, Married, Widowed, ORDIVORCED (Write the word)	16 DATE OF DEATH March 19, 1915 (Month) (Day) (Year)		
S DATE OF BIRTH March 19, 1915. (Month) (Day), Year)	17 I HEREBY CERTIFY, That I attended deceased from		
7 AGE 11 LESS than 1 day, hrs. 0 yrs. d mos. ds. OR min.?	and that death occurred on the date stated above, at		
© OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	(Ouralion) yrs. mos. ds.		
9 BIRTHPLACE (State or country) Manuland	Contributory (Secondary) (Duration) yrs. mos. ds		
OF FATHER OF FATHER OF FATHER (State or country) ON A OF FATHER (State or country)	(Signed) (Address) (Address) (State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIONAL		
12 MAIDEN NAME OF MOTHER Planche Warun 13 BIRTHPLACE OF MOTHER (State or country)	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, If not at place of death? Former or usual residence		
(Address) M. Conchie Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS		

REGISTRAR

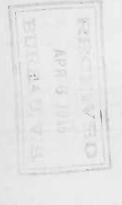
If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
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STATE OF MARYLAND PLACE OF DEATH Markes. CERTIFICATE OF DEATH Registration Dist. No. 10 Tif death occurred in St .:Ward) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, 18 DATE OF DEATH MARRIED. WIOOWEO, (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Day (Tear) TAGE If LESS than and that death occurred on the date stated above, at 1 day,.....hrs. The CAUSE OF DEATH* mos. OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) BIRTHPLACE Contributory. (State or country) Secondary (Duration) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OFFATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death _____ yrs. ____ mos. ___ ds. (State or country) State _____ yrs. ____ mos. ____ ds Where was disease contracted. If not at place of death? Former or usual residence BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER march 2 ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

should be taken to report speelfically the occupations duties of the household only (not paid Housekcepers CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care mine, etc. statement. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Corcbrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerreral septichaccause. Always qualify all diseases resulting from cte., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchonneumonia (secondary), 10 ds. Never report ample: Measles (disease eausing death), 29 ds.; ete. The contributory (secondary or intercurrent) calvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) injury, as fraeture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senlle," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. cause of death approved by Committee on Nomenela-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Is less definite; avoid use of "Tumor" for maligtetanus) may be stated under the head of (Recommendations on statement of



STATE OF MARYLAND 1 PLACE OF DEAT HYSICIANS statement of CERTIFICATE OF DEATH County Registration Dist. No. PHY If death occurred in Ward) Exact s a hospital or institution. give Its NAME Instead of street and number. RECORD ² FULL NAME EXACT Sified PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX SINGLE, ciass WIDOWED, stated PERMANENT (Day) (Year) OR DIVORCED riy rite the word) rtificate HEREBY CERTIFY, That I attended deceased from proper 6 DATE OF BIRTH 0 no cei (Year) eq (Day) SP If LESS than ay k TAGE and that death occurred on the date stated above, at ы 1 day, hrs. ck E C The CAUSE OF DEATH * was as follows: 5 d ba that 8 OCCUPATION 20 ed (a) Trade, profession, or suppli X ons particular kind of work (b) General nature of industry n terms, Instruction business, or establishment in (Duration) yrs. UNFADING carefully which employed (or employer Contributory 9 BIRTHPLACE Secondary (State or country) C a 0 20 10 NAME OF Φ FATHER ۵ pino 1 S 11 BIRTHPLACE (Address) ENT *State the DISEABE CAUSING DEATH, or, Indeaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, OF FATHER d Sh EA (State or country) ě SUICIDAL OF HOMICIDAL PLAINL 50 œ 12 MAIDEN NAME ⋖ OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS ati 0 Еш 13 BIRTHPLACE At place In the S OF MOTHER State. vrs. mos. et death 100 (State or country \supset Where wes disease contracted, Z 14 THE ABOVE IS TRUE TO THE BEST OF KNOWLEDGE O If not at piece of death? of PATIOI Former or (toformant) usual residenca Should SOCCUP PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address 15 20 UNDERTAKER ADDRESS m If more blanks are needed, address State Registrar, 16 W. Saratoga St. Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Parmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed Never return "Laborer," Locomotive engineer, But in many cases, If retired from The question (b) Auto-

spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); unqualified, is indefinite); Tuberculosis of lungs, meninterm for the same disease. time and causation), CAUSING DEATH (the primary affection with respect to Statement of Cause of Death-Name, first, the DISEASE (the only definite synonym is "Epidemic cerebropncumonia, Bronchopneumonia ("Pneumonia," using always the same accepted R

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telanus) may be stated swicide. The nature of the injury, as fracture of skull, head-homicide: Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, OF HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. birth or miscarriage etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephrilas, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of Example: Measles (disease causing death), 29 ds.; Brow-Always qualify all diseases resulting from child-The contributory (secondary or intercuras "PUERPERAL seplichaemia," State cause for which Never report mere as "Exhaustion." ACCIDENTAL, ("Con-



O SICIANS Shoul YSICIANS statement PERMANENT classified. THIS properly NX supplied. pe UNFADING may certificate. 000 WITH terms, n back PLAINLY plain instructions 2 EATH WRITE 0 Item E OF Every Item CAUSE OF Important.

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in Ward) a hospital or institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3,SEX 5 SINGLE. 4 COLOR OR RAGE DATE OF DEATH MARRIEO. WIDOWED. (Month) (Day (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated t day, hrs. OR 7 . mos. BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which amployed (or amployer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF S 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUCIOAL, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER ot death _____ yrs. ____ mos. ___ ds. (State or country State yrs. ___ mos. Where was disease contracted. THE ABOVE TO TRUE If not at piace of death?..... Former or usual residence.... 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; who have no occupation whatever, write Nonc. been changed or given up on account of the disease Scrvanl, Cook, Housemaid, etc. If the occupation has fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stalionary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Treeise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal uneningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonacum, etc., Carcin-

nutvular heart disease; Chronic interstilial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e.g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerreral peritonitis," childbirth or miscarriage as "Puerperal septichaecause. mus," "Old Age," "Shock," "Uraemia," "Weakuess," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) "Contributory." scpsis, Ictanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Measles "Senile," (Recommendations on statement of (disease causing death), 29 ds.; ctc.), "Dropsy," etc. State cause for "Exhaustion," Never report For vio-



Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD BINDING 4 2 FOR UNFADING INK-THIS RESERVED MARGIN WRITE PLAINLY, WITH

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	PLAGE OF DEATH Ounty Chas illage or City La Plata, (No. 21) 2 FULL NAME Cecelia Til	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]						
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH						
3 SE	emale calored Single, MARRIED, WILDOW OR DIVORCED (Write the word)	16 DATE OF DEATH March 3, 1915— (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1915, to March 1915.						
_	(Month) (Day) (Year)	that I last saw her alive on March 1, 1918-						
(a)	yrs. mos. ds. or min.?	and that death occurred on the date stated above, at & R m, The CAUSE OF DEATH* was as follows:						
(b) General nature of Industry, business, or establishment In which employed (or employer)		(Duration) yrs. mos. 18 ds.						
9 BI	RTHPLACE (ate or country)	(Secondary) (Ouration) (Ouration) (Ouration) (Ouration)						
PARENTS	10 NAME OF FATHER dry Know	(Signed) as Eselen M. D.						
	of FATHER (State or country) din know	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT						
	12 MAIDEN NAME OF MOTHER ATT / 12 TO TO	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPORT						
	13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death						
(Interment) Cara Callina		If not at place of death? Former or usual residence						
15 Fil	TYPEN PREGISTRAN	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL PACE OF BURIAL 19 PLACE OF BURIAL PACE OF BURIAL 20 UNBERTAKER ADDRESS ADDRESS PACE OF BURIAL ADDRESS ADDRESS PACE OF BURIAL ADDRESS A						
	If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.							

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewifc, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISKASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

scpsis, tctanus) may be stated under the head of such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as cause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Con thenia," "Anaemia" (mercly symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nophritis ture of the American Mcdical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF AS LENT DEATHS state MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "Asaffection need not be stated unicss important. nast neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of Bronchopncumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent "Old Age," "Shock." 'Traemia," "Weakness," Always qualify all discases resulting from Mcastcs (disease causing death), 29 ds.: "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," "TUEEPERAL scptichae-(name origin; "Can-Never report Examples: probably

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 6 1915
BUREAU, V.S.

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PLACE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED. ORDIVORCED Write the word 6 DATE OF BIRTH (Day 7 AGE BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) .. BIRTHPLACE (State or country) 10 NAME OF FATHER S 11 BIRTHPLACE ENT OF FATHER (State or country) AR 12 MAIDEN NAME OF MOTHER 0. 13 BIRTHPLACE OF MOTHER (State or country

St .: - Ward) PERSONAL AND STATISTICAL PARTICULARS DATE OF DEATH (Month) (Year) If LESS than 1 day hrs Contributory Secondary TAL, SUICIDAL, OF HOMICIDAL. OR RECENT RESIDENTS) At place of death _____ yrs. ____ mos. ___ ds. Where was disease contracted. if not at place of death?-Former or usual residence 19 PLACE OF BURIAL OR REMOVAL (Address) mear 15 i agatuin 20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Malto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ...

It death occurred in a hospital or institution. give its NAME Instead of street and number.]

DATE OF BURIAL

ADDRESS

MEDICAL CERTIFICATE OF DEATH (Day (Year) I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, a (Duration) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, In the State _____ grs. ____ ds

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[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household ouly (not paid Housekeepers minc, etc. Women at home, who are engaged in the cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the oecupation has of persons engaged in domestie service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. essary to know (a) the kind of work and also (b) ness of various pursuits can be known. The question Grocery; (a) Foreman, (b) Automobile factory. The first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinat fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonla," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very A PERMANENT RECORD stated EXACTLY. of information should be carefully supplied. AGE should be st DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. PLAINLY, WITH UNFADING INK-THIS IS N. B.-Every item of information should be CAUSE OF DEATH in plain terms. s WRITE important.

or City Panifish (No. PARTICULARS M 16 DATE OF DE

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

Ilf death occurred in a hospital or institution, give its NAME instead of street and number. 1

E OF DEATH		
(Day (Year)		
and 20, 1915.		
ated above, at		
Land mos. 18.		
Contributory Secondary (Duration) yrs mos ds. (Signed) // // // Duration		
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted.		
		704 7 + 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
DATE OF BURIAL MILL 73, 1916 ADDRESS V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But lu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Never return "Laborer," Women at home, who are engaged in the As examples: The question "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

childblrth or misearriage as "Puerperal septiehae ture of the American Medical Association.) cause of death approved by Committee on Nomcnela-"Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "l'uerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from ete., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Ileart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatle), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; calcular heart disease; Chronic interstitial nephritis, uant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Senile," etc.), "Dropsy," "Exbaustion," (Recommendations on statement of For vio-



N. B.—Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIC:ANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

1 PLACE OF DEATH Charles.

(No.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

St: Ward) (if death occurred in a hospital or institution,

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
SEX 4 COLOR OR RACE SINGLE; MARRIED, WIDOWCO, ORDIVORCED (Write the word) 1850 (Month) (Day) (Year)	18 DATE OF DEATH & March, 1915 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from March, 1915, to St. March, 1915, that I last saw h. L. alive on the March, 1915		
(Month) (Day) (Year) AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 2 · /o m, The CAUSE OF DEATH* was as follows:		
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or ampioyer) BIRTHPLACE (State or country)	Contributory (Secondary) (Secondary) (Duration) 2 yrs. mos. ds. (Signed) 2 / B / B / B / B / B / B / B / B / B /		
10 NAME OF FATHER HUMP Churchill 11 BIRTHPLACE OF FATHER (State or country) / cr (inia.) 12 MAIDEN NAME OF MOTHER OTHER OF MOTHER OTHER OTHE			
13 BIRTHPLACE OF MOTHER (State or country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
(Informant) Joe Hampins (Address) Pomonkey			
Filed Miche 9, 1915 Je P. Marshall Registran	20 UNDERTAKER ADDRESS Son Die horney accoheels		

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers material worked on may form part of the second additional line is provided for the latter statement; cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuiwho have no occupation whatever, write None heen changed or given up on account of the niseask Scrvant. Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) If the occupation has Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pheumonia"); Lobar pneumonia; Bronchopneumonia ("Preumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum,

valvular heart disease; Chronic interstitial nephritts ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skuii, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUEBPEBAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Seniie," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronio cer" is iess definite; avoid use of "Tumor" for malkoma. Sarcoma. etc., of The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can-State cause for Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

V. S. No. 1.

1	PLACE OF DEATH	00	STATE OF MAR	YLAND	
/	Pohaalest V		CERTIFICATE OF	DEATH	
C	ounty	UN V		113	
	911.1-1		Registration Dist		
٧	lillage or Otty / ULW 10016 (No.		St.; Ward)	[If death occurred la a hospital or Institution.	
	100.	20.		give its NAME instead	
	FULL NAME SIBRIOLS	Oaw	1700 S	of street and number.]	
_	PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF	DEATH	
5	EX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF D	EATH MAN.	8 1015	
_	MARRIED, WIDOWED, ORDIVORCED		(Month)	(Day), (Year)	
	Miller College (Write be some	2 17	I HEREBY CERTIFY, That I a	ttended deceased from	
D	ATE OF BIRTH MALL MA	- Illan	4, 1915, to Me	1915	
	(Month) (Day) (Yea)	that I last saw	h. a alive on Mas	1915	
A	GE If LESS 1	ha.	occurred on the date stated a	bove at 6 4 m	
	0/2 3 24/ 1 day,	hrs. The CAUSE OF	F DEATH* was as follows:		
	yrsmosds. ORmin	3	0	No.	
	CCUPATION) Trade, profession, er	1000	upolle In	allmen men	
pa	rticular kind of work			20,400 11 11 10 10 10 10 10 10 10 10 10 10 1	
	General nature of Industry, siness, or establishment in		(Deration)	yrs mos ds.	
yh	ich employed (or employer)		B14 = ===	1.1	
BIRTHPLACE (State or country)		Contributor (Secondary)		of flower the form	
_	CHARLE KA		(Duration)	.yrs mcs ds.	
	10 NAME OF FATHER	(Signed)	alleis Bylas	sessol NO	
n	11 professor	103/8	, 191.5 (Address)	reasons	
	11 BIRTHPLACE OF CATHER (State or country)		DISEASE CAUSING DEATH, or, ln		
	12 MAIDEN NAME	CAUSES, state	(1) MEANS OF INJURY; and L. or HOMICIDAL.	(2) whether Acciden-	
5	OF MOTHER PROPERTY STATES		RESIDENCE (FOR HOSPITALS. IN	STITUTIONS, TRANSIENTS	
	13 BIRTHPLACE	OR RECENT R	teadents)	, , , , , , , , , , , , , , , , , , , ,	
	OF MOTHER (State or country)	of death yrs	ds. State	yrs ds.	
4 -	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease	eath?		
(Informant) James 30. Sepal		Former or		я и и и и рип н 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	(Initiality)	usual residence			
	(Address) Jelle Jacks	PLACE OF E	BURIAL OR REMOVAL	DATE OF BURIAL	
5	9976 1.1	Macop	rost bulleleng	191.5	
FI	ed 3/9- ,1915 & A TENVENT	20 UNDERTAK	B. L. M.	DDRESS	
_	REGISTRAR		popey poso,	del cella	
If more blanks are needed, address State Revisitor & E Franklin St. Bolto, Poquesting V S. No. 1					

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, is very important, so that the relative lealthful-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, As examples: "Foreman," The (0)

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See Instructions Information

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1 PLACE OF DEATH

County Chace



STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

St:Ward)

MEDICAL CERTIFICATE OF DEATH

[If death occurred in a hospital or Institution give its NAME instead of street and number.]

		A STATE OF THE PARTY OF THE PAR	1 0
2 FULL NAME	Lothi	Haerry	Johnson

PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIEO, Munuel WIDOWEO, ORDIVORCEO (Write the word) 6 DATE OF BIRTH (Month) (Year) (Day) It LESS than 7 AGE 1 day,....hrs. OR ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)

	MILDIONE OF	ittii ionta oi		
16 DATE OF DE	EATH	3	4	. 1915 -
	***************************************	(Month)	(Day)	
17	I HEREBY C	ERTIFY, That I	ttended dec	eased from
nov.		, to 2210		, 1915
that I isst ssw	h. alive	on Desca		191
and that death	occurred on t	he date stated a	bove, at	0 30m,
The CAUSE OF	DEATH* Wa	s as follows:		
	acesta	dela	Ceri.	Howart
			•••••	
		(Duration)		
Contributor	v Rhu	males	- + PG	ralisi
(Secondary)			F1.	
		(Doration)		
(Signed)	carry	6. Chop	fiele	, M. D.
		ess) Keers		
CAUSES, state	DISEASE CAUSI (1) MEANS (L, or Homicid	ING DEATH, or, In DF INJURY; and	deaths from (2) whether	VIOLENT ACCIDEN-
18 LENGTH OF	RESIDENCE	FOR HOSPITALS, II	NSTITUTIONS,	TRANSIENTS,
At place		In the		
		ds. State	yrs, n	10s ds.
Where was disease				
Former or	-			
usual residence				
19 PLACE OF			DATE OF BU	
1/2 911 1	10,10/	11 600	3 X 0	1914-

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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AGE should be stated EXACTLY.

RECORD

V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

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N. B.-Every litem of information should be CAUSE OF DEATH in plain terms, s

important.

1 PLACE OF DEATH

Charles

3032

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist, No.
Village or City Man La Plata (No	St.; Ward) St.; Ward) [It death occurred is a hospital or institution, give its NAME tastead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Color or RACE Single, MARRIED, WIDDWED, ORDIVORGED (Write the word)	16 DATE OF DEATH (Month) (Worth) (Tay (Year) 17 HEREBY CERTIFY, That I attended deceased from
	that I last saw h alive on
occupation (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	The CAUSE OF DEATH* was as follows: (Buration) yrs mgs ds.
9 BIRTHPLACE (State or country) Charles two. In d	Contributory. Secondary (Duration) yrs mos ds
10 NAME OF FATHER Horace Matthew 11 BIRTHPLACE OF FATHER (State or country) Charles Led 22 12 MAIDEN NAME	(Signed)
of Mother Clypheth Rozins 13 BIRTHPLACE OF MOTHER (State or country) Charles Les. 2nd 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS) At place In the ot death
(Interment) It made mallhours	If not at place of death?————————————————————————————————————
Filed All 8, 1915 A action of Cox	Pars gai DATE OF BURIAL Pars gai DATE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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V. S. No. 1.

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PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County & Letto Co	Registration Dist. No. 108
Village or City Denedict (No.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
FULL NAME	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	
Mule Toluce Single, Married, Widower, Ordinorce, Ord	(Month) (Day) (Year)
BDATE OF BIRTH Dac 15, 1852	that I last saw h manufive on the last saw h man
(Month) (Day) (Year) 7 AGE It LESS than day,hrs. oRmin. ?	and that death occurred on the date stated above, at 991 m. The CAUSE OF DEATH* was as follows:
(h) General nature of Industry, business, or establishment In Which employed (or employer) BIRTHPLACE (State or country)	Contributory (Secondary)
OF FATHER 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
OF MOTHER CARAC GRANDERSON 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds. Where was disease contracted,
(Informant) B. J. Auderson	It not at piace of death? Former or usual residence. Otto: Tick Cala
(Address) Linealey Ind Filed Mars 1, 1915, half Chappiles REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL ADDRESS ADDRESS AUGHENTELLA
If more blanks are needed, address State Registrate	r, o E. Franklin St., Balto., Requesting V. S. No. 4.

[Approved by U. S. Censns and American Public Health
Association.]

who have no occupation whatever, write None eated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestle service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, is very important, so that the relative kealthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) Farmer or Planter, As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or misearriage, as "Puerperal septichaescpsis, tctanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accimia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for mailg-The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Never report Examples:



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WRITE

N. B.

V. S. No. 1.

-Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH Village or City Markey my (No.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. /0/

S	t.;.	 .W	ar	d))

[If death occurred in a hospital or institution, give its NAME Instead

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale Photo Single, MARRIED, WIDOWED, Conglivenceo (Write the word)	16 DATE OF DEATH Junches 196 ,1915- (Month) (Day (Year)
B DATE OF BIRTH	HEREBY CERTIFY, That I attended deceased from
Much 29 (Year)	that I lest south
7 AGE If LESS th 1 day	The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in	(Ouration) yrs mos ds
9 BIRTHPLACE (State or country) Charles Co In a	Gontributory Secondary (Duration) yrs mos ds.
of There Gusty Posey 11 BIRTHPLACE OF FATHER	(Signed)
12 MAIDEN NAME OF MOTHER SAME	TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Md	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. ds. State yrs. mos. ds
(Informant) Jany / (Leg	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Iron Lide	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed March 30, 1915 P. Swithy Land	20 UNDERTAKER ADDRESS
Allas	gistrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

alvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic injnry, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerreral peritonitis," etc. State cause for childbirth or misearriage as "Puereral septichaceause. Always qualify all diseases resulting from cte., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Seuile," etc.), "Dropsy," "Exhanstion," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopucumonia (secondary), 10 ds. Never report ample: Mcasles (disease eausing affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the Americau Medical Association.) canse of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of death), 29 ds.; For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 6 1915
BURLLAU, V.S.

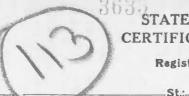
BINDING FOR RESERVED MARGIN

S. No. 1.

20 ż

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See Instructions on back of certificate. RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

1 PLACE OF DEATH	
County Olarle	
Village or City The The	()
	1:1



303 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;--.....Ward)

[If death occurred in a hospital or institution, give its NAME instead

	FULL NAME Malt. I'M	of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	Walle Black ORDIVERCED, Married	16 DATE OF DEATH MCL 27, 1915 (Month) (Day (Year)
6 D	ATE OF BIRTH Mout 10, 1.856 (Month) (Day (Year)	that I last saw h Amagiye on Mch 2 4 1915.
7 A		and that death occurred on the date stated above, at
(a	CCUPATION 1) Trade, profession, or along the first color of work 1) General nature of industry,	Massicalti.
bu:	siness, or establishment in Jofacco Marchouse 187HPLACE	Contributory (Duration) yrs mos. ds.
ARENTS	10 NAME OF Thos, Price 11 BIRTHPLACE OF FATHER (State or country) Charles Co, Md, 12 MAIDEN NAME OF THE OF MOTHER OTHER OF MOTHER OTHER OF MOTHER OF MOTHER OTHER OTHE	Secondary Secondary (Signed) (Sig
14	13 BIRTHPLACE OF MOTHER (State or country) Grands Or Model THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Puch	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, If not at place of death? Former or usual residence.
15 Fil	(Address) Toll Top, Mag) 1ed Mch 28,1915 BCBanns	19 PLACE OF BURIAL OR REMOVAL Little give McL 29, 1917 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations applies to each and every person, irrespective of age. gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers statement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speci-Grecery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know (a) the kind of work and also (b) For many occupations a single word or term on the been changed or given up on account of the disease who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing nearh (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinat fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

umple: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitiat nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can "Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Tuerpenal peritonitie," etc. State cause for childbirth or misearriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) eause of death approved by Committee on Nomenciascpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS

Every Item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

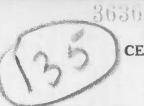
ACE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very

A PERMANENT RECORD

N. W.

1 PLACE OF DEATH

County Meerlus



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 100

St.; Ward)

[If death occurred is a hospital or institution, give its MAME instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
te	ex 4 COLOR OR RACE 5 SINCLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	13 DATE OF DEATH Max. 2 , 1915 (Month) (Dr. (Year) 17 I hEREBY CERTIFY, That I attended deceased from
DA	MET OF BIRTH (Month) (Day (Year) (I LESS than	that I last saw h & alive on Men 29 1915 and that death occurred on the date stated above, at 670 6 m
8 0 4	38 yrs 8 mos to ds. OR min.?	The CAUSE OF DEATH* was as follows:
(a)	Trade, profession, or Jewsenn Je	Hemay.
busi	General nature of industry, iness, or establishment in ch employed (or employer)	(Duration) yrs mas 3 less
BI	RTHPLACE (State or country) Cecil Co Had.	Secondary (Buration) yrs mos 3 ds
	10 NAME OF LINES Maleney	(Signed) Mrucy N. D.
ENTS	of FATHER (State or country) Irlland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
PAR	OF MOTHER Word Ir like	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPIRED
	13 BIRTHPLACE OF MOTHER (State or country) Ireland	At place In the of deathyrsmosds. Stateyrsmosds
	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or
((Address) 1133 6th Comments	usual residence
6		Vr. Thomas Church Mich 31, 1913

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persous of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household ouly (not paid Housekeepers statement. additional line is provided for the latter statement; who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked ou may form part of the second Groccity; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive first live will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," cugincer,

Statement of cause of death—Name, first, the disease eausing death—Name, first, the disease eausing death—Name, first, the disease eausing death always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "l'uerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemla," "Weakuess," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Contheuia," "Auaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name orlgin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vioctc., when a defiuite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: is less defiulte; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



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of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Teath in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. A PERMANENT RECORD UNFADING INK-THIS IS WRITE PLAINLY, WITH B.—Every Item of information should be CAUSE OF DEATH in plain terms, s.

important.

2

PLACE OF DEATH
County Charles

3637

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 100

Village or City Belalton (No	St.; Ward) [If death occurred is a hospital or Institution, give its NAME Instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single, Married, Widowed, ORDIVORCED (Write the word)	16 DATE OF DEATH Movel 29, 1915- (Mouth) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
G DATE OF BIRTH (Month) (Day (Year)	that I last saw h Landlive on The Last Saw h Landlive on 1915
7 AGE If LESS than t day,hrs. yrs mos ds. ORmin. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Duration) yrs mos is. Contributory Secondary
10 NAME OF FATHER Walton a Rece. 11 BIRTHPLACE OF FATHER (State or country) St. Mary On On State of Mother Of Mothe	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Filed Och 30, 1915 - (A) Haylen REGISTRAR	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs, mos. ds. State yrs, mos. ds Where was disease contracted, If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Barto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persous who have no occupation whatever, write Nonc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. additional line is provided for the latter statement; CAUSING DEATH, state occupation at beginning of illbeen changed or given up ou account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary foreman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturu "Laborer," As examples: "Foreman," The (d)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State eause for mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatie), "Atrophy," natural heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or misearriage as "Puerreral scotichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Maras genital," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." Bronchopmeumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of death), 29 ds.;



V. S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pisin terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH	STATE OF MARYLAND
and the second second	CENTIFICATE OF DEATH
County July 3 Shall	Registration Dist, No.
Village or City (No. (No. City) 2FULL NAME Trick Rich	St.; Ward) [It death occurred in a hospital or lostitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A COLOR OR RACE STINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word)	16 DATE OF DEATH 3 / 1913 (Month) (Day (Year)
	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	3-10-, 1915, to 3-, 1915, that I last saw h (saw allye on 3-/) 1915.
7 AGE (Storich) (17sty (19st)) 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) yrs. mos. //2 ds.
9 BIRTHPLACE (State or country)	Gontributory
10 NAME OF FATHER Shu C. Richmond	(Signed) (Signed) (Signed), M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country) On fund	At place In the of death yrs mos ds. State yrs mos ds
(Informant)	Where was disease contracted, If not at place of death? Former or Usual residence
(Address) Life Char. Cv. S.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed // 2 191 5 5 5 M	20 UNDERTAKER TO ADDRESS
If more blanks are needed, address State Regis	trar 6 E. Franklin St. Buito Boonesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. who have no occupation whatever, write Nonc. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, many occupations a slugle word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereuclesis of lungs, meninges, peritonaeum, etc., Carein-

naut neoplasms); Meastes; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... eause of death approved by Committee on Nomencla-"Coutributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and eonsequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septiehacetc., when a definite disease can be ascertained as the mus." "Old Agc," "Shock," "Uraenia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Couthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection uced not be stated unless important. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily Bronchopneumonia (seeondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) (name origiu; "Can-State eause for Never report



MARGIN

S. No. 1.

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Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH

1 PLACE OF DEATH

3639

STATE OF MARYLAND CERTIFICATE OF DEATH

County	Valle fibelling Million of annua of the annual of the annu	Registration Dist, No. 103		
	Ya loret	Registration Dist, No.		
Village	FULL NAME PLA MANNE Stil	St.; Ward) [If death occurred is a hospital or institution, give its NAME instead of street and nomber.]		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX	4 COLOR OR RACE 5 SINGLE, MARRIED, WOOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)		
6 DATE	OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from		
	Month) (Day (Year)	that I last saw h alive on		
TAGE	If LESS than 1 day,hrs. yrs. mos. ds. ORmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as lollows:		
(a) Trad particula (b) Gene business,	PATION s, profession, or Ir kind of work	(Duration) yrs mos ds.		
9 BIRTH		Contributory Secondary (Ouration) yrs mos ds.		
	NAME OF Stillie Smother	(Signed) Chas Hellowy, M. D.		
ENT	BIRTHPLACE OF FATHER (State or country) MAIDEN NAME 11	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL		
13	BIRTHPLACE OF MOTHER (State or country) Charles	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds		
(Informant) Halle Hawhins		Where was disease contracted, If not at place of death? Former or usual residence		
	(Address) 2ll all	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
Filed 22	101 14 ,1915 Charler HRoly	20 UNDERTAKER ADDRESS Robert Hawkins ago Bul affor		
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, ctc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement Never return "Laborer," "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-(a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: The (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tetanus) may be stated under the head of mia," "Puerreral peritonitis," etc. State cause for natural heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic thre of the American Medical Association. cause of death approved by Committee on Nomenclainjnry, as fracture of skull, and consequences (c. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Inmor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations ou statement of



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PERSONAL AND STATISTICAL PARTICULA PERSONAL AND STATISTICAL PARTICULA SEX 4 COMOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVERCED (Write the Mark 6 OCCUPATION (a) Trade, profession, er particular kind ef work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 70 11 BIRTHPLACE OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE S TAUE TO THE BEST OF MY KNOW	C	ounty.	Mu	Mele	al.	
PERSONAL AND STATISTICAL PARTICULA 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the Mark 6 DATE OF BIRTH (Month) (Day) 7 AGE 6 OCCUPATION (a) Trade, profession, er particular kind ef work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 70 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER (State or country)	v			leur	101	16 (1)
3 SEX 4 COMOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVERCES (Write the Met 6 DATE OF BIRTH (Month) (Day) 7 AGE 9 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 70 11 BIRTHPLACE OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country)	=				-	ADTICI
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(Month) (Day) 7 AGE 6 OCCUPATION (a) Trade, profession, er particular kind ef work. (b) General nature ef industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	3 5!	Malo	100	ROR RACE	MAF	OWED,
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GOCCUPATION (a) Trade, profession, er particular kind ef work (b) General nature ef industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)				(Month)		(Day)
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GOCCUPATION (a) Trade, profession, er particular kind ef work (b) General nature ef industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OFFATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)						dil
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OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country)		10 NAME O	The	ma	OK.	Fu
13 BIRTHPLACE OF MOTHER (State or country)	INT	OFFAT	HER	Kes	M	les
(State or country)	PAR	12 MAIDEN OF MO	NAME	long	ree	J'
		OF MOT (State or	HER >	Sha	26	exel
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(Informant) AMUS Que STO			977	laco	60	41
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(Address) Macobort	C11	led 3/15		5 drup	1/1/	Mister

PLACE OF DEATH

3640

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 103

St.;....Ward)

[If death occurred in a hospital or Institution, give its NAME Instead

NAME (Straut)	ef street and number.]				
IAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
4 COLOR OR RACE 5 SINGLE, MARRIED, WIOOWED,	16 DATE OF DEATH 11111, 14, 1915				
OR DIVORCED (Write the West)	(Month) (Day) (Year)				
Write the Kelly	17 I HEREBY CERTIFY, That I attended deceased from				
Mar. 121 1915	, 191 to, 191,				
(Month) (Day) (Year)	that I last saw handlive on , 191				
If LESS than	and that death occurred on the date stated above, atm,				
1 day,hrs.	The CAUSE OF DEATH* was as follows:				
yrsmosds. ORmin. ?	There sald child full				
er	from illormatical brok-				
K	lably (Reloyatary B) Gell				
Industry,	101212				
hment in mployer)	(Duration) yrs. mos ds.				
111111	Contributory				
tobacken to	(Secondary)				
Chearless &	(Durytion) yrs mos ds.				
the man tree man	(Signed) Mallella to James and M.D.				
MOTIGARY SULFRA	3/15 ,1915 (Address) Ween park!				
CCE ER A A A A					
untry)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEAN OF INJURY; and (2) whether ACCIDEN-				
NAME THE	TAL, SUICIDAL, OF HOMICIDAL.				
Waredel Stoclar	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,				
CE DD 1	OR REGENT RESIDENTS) At place in the				
untry) The alex (Co)	of death yrs mos ds. State yrs mos ds.				
THUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?				
mes G. Steclar	Former or				
Marshallmi.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL				
A ASSELLATION AND AND AND AND AND AND AND AND AND AN	man - 3/15 -				
99711	191074074 001116614				
1915 dr. DI HENTEN	DOUNDERTAKER (ALLING) ADDRESS				
REGISTRAR	James 6. Troctor Majoresto				
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.					

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fleation, as Day laborer, Farm laborer, Laborer—Ceal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an ness of various pursuits can be known. The question who have no occupation whatever, write None Scrvant, Cook, Housemaid, etc. If the occupation has gainfully, employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative _eaithful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puepperal septicharcause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia." "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 de.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nast neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-"Ii art failure," "Haemorrhage," "Inanition." "Jiaras-Bronchopneumonia (secondary), 10 ds. oma. Surcoma. etc., of The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never report Examples:



A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK-THIS IS

V. S. No. 1.

	¹ PLACE OF DEATH	364 STATE OF MARYLAND
state	alexander 6	CERTIFICATE OF DEATH
bluor Si N	County Churche	Registration Dist. No. 109
PHYSICIANS should of OCCUPATION IS	Village of City Ceson (No. No. 2FULL NAME amie M.	St.; Ward) [If death occurred in a hospital or lostitution, give its NAME instead of streef and comber.]
. T	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EXACTLY.	Finale White Single, Married on on on one of the word)	16 DATE OF DEATH Mole (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
se stated Eled. Exact	Seft 1892 (Month) (Day (Year)	that I last saw h LN alive on FEG A 1915
should be s ly classified.	3 2 yrs 6 mos 3 ds or min.?	and that death occurred on the date stated above, at
d. AGE	(a) Trade, profession, or particular kind of work. (b) General nature of industry,	Paralytic Gementia
supplied. may be	obsiness, or establishment in which employed (or employer)	(Ouration) 7 yrs mos ds
는 그 드	* BIRTHPLACE (State or country) Wistmoreland Co. Va	Gontributory Secondary
9 00	10 NAME OF Show, F, atuil	(Signed) G. C. B. Carrell, M. D.
should by in terms, s on back	11 BIRTHPLACE OF FATHER (State or country) Westmoreland bolland 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
ormation 1 H in plain structions	13 BIRTHPLACE OF MOTHER (State or country) Westmoreland Co. Va	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RESENT RESIDENTS) Af place in the of death yrs. mos. ds. State yrs. mos. ds.
Item of In	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intormant) Mrs. Aroch Mright	Where was disease contracted, If not at place of death? Former or usual residence
Every Iten CAUSE O Important	(Address) Pien Red 5 ml	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
N. W.	Filed 1826, 1916 Sufface of Thompson REGISTRAR If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Fublic Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons ness. 'If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, ctc. statement. Never return "Laborer," "Foreman,"
"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) eause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a defiuite disease can be ascertained as the nus," "Old Agc," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, of as probablu which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Juanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal couditions, such as "Asaffection need not be stated unless important. nalvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," ctc.), "Dropsy," "Exhaustion," (Recommendations ou statement of (discase causing death), 29 ds.; For vio-

